

## **2000: AUTISM SPECTRUM DISORDERS (ASD)**

When a child is referred to SoonerStart who has a diagnosis of Autism Spectrum Disorder (ASD), the team may receive copies of reports, evaluations (i.e. diagnostic reports) and recommendations provided by the family. This information will be considered in the development of an appropriate Individualized Family Service Plan (IFSP).

Often at referral, a child does not have a diagnosis of ASD. However, parents may describe behaviors that are associated with ASD and that are not appropriate for the child's developmental age. Awareness of the warning signs associated with autism is the key to early identification.

Some behaviors indicative of ASD that may be observed or parents may describe are:

- Child does not respond to his/her name;
- Child has lost previously acquired skills;
- Child does not imitate others' behavior;
- Child is rigid in routines or has very difficult transitions;
- Child does not draw attention to objects in the environment (joint attention);
- Child is not pointing by age of 12 months; and
- Child engages in repetitive or stereotypical behavior.

At the time of the initial family contact, the Resource Coordinator will inform families with children between the ages of 18 and 30 months that SoonerStart will screen their child to assess the risk for ASD.

### **Evaluation / Assessment for ASD:**

It is the responsibility of the SoonerStart multidisciplinary team to determine the developmental status of a child, not to offer a diagnosis. The multidisciplinary team is responsible for determining eligibility for SoonerStart as well as gathering information about the child's current levels of functioning so that appropriate intervention services can be coordinated.

Children with a confirmed diagnosis of ASD by a qualified physician or mental health professional are automatically eligible to receive SoonerStart services. Those children shall still proceed through the assessment process so the team can gather important information for developing the IFSP. Information about a child's abilities/levels of functioning in all areas of development should be obtained through assessment completed by the primary service provider, even though this information is not needed to determine eligibility.

Without a diagnosis of ASD, a child must proceed through the eligibility determination process. During the initial evaluation and assessment, service providers screen all children who are between the ages of 18 and 30 months for ASD using the Modified Checklist for Autism in Toddlers-Revised (M-CHAT-R; Robins, Fein, & Barton, 2009) **Appendix NN**. The M-CHAT-R is a Level 1 screening tool validated for screening toddlers between 16 and 30 months of age, to assess risk for autism spectrum disorders

(ASD). The M-CHAT-R is based on parental report. If a child qualifies for services and passes the M-CHAT-R, it is recommended the provider re-administer the M-CHAT-R when concerns related to communication, play, social skills, and behavior continue as well as when there is a sibling diagnosed with ASD. Service providers may find the IFSP review an appropriate timeframe to revisit the discussion. For children receiving IFSP services prior to 18 months of age, service providers screen for ASD using the M-CHAT-R at their earliest convenience after the child reaches 18 months of age.

If a child receives a total score of 0-2 on the M-CHAT-R, indicating a low risk for ASD, and is younger than 24 months of age, the M-CHAT-R should be re-administered after the child's second birthday. No further action is required until the child's 2<sup>nd</sup> birthday. A total score of 3-7 on the M-CHAT-R indicates a medium risk for ASD. In this case, the Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-Chat-R/F) (**Appendix OO**) is administered. The M-CHAT-R/F is designed to reduce the false positive rate (false positive cases are children who fail the M-CHAT-R but do not have ASD). Service providers administer the M-CHAT-R/F only for the items the child fails. If the M-CHAT-R/F score remains at a 2 or higher, the child has screened positive indicating a risk for ASD. A total score of 8-20 on the M-CHAT-R indicates the child is at high risk for ASD. It is acceptable to bypass the Follow-up in this case and proceed to the Level 2 interactive screening measure, if available.

If a child between 24 months and 30 months is at risk for ASD on the M-CHAT-R and M-CHAT-R/F and there is an available service provider who has successfully completed the reliability training they may administer the Screening Tool for Autism in Two-Year-Olds (STAT). The STAT is a Level 2 interactive screening measure developed to screen for autism in children between 24 and 36 months of age. Level 2 screening tools specific to autism spectrum disorder help to identify children at risk of having ASD rather than other developmental disorders. For the children who are at risk on the M-CHAT-R and are between the ages of 18-23 months, if there is an available service provider who has successfully completed the reliability training they will be responsible for administering the STAT at their earliest convenience after the child reaches 24 months of age.

The multidisciplinary evaluation team must use their informed clinical opinion to assess a child's present level of functioning in each of the developmental areas and to establish a child's eligibility, even when other instruments fail to establish eligibility. Therefore, if a child does not meet eligibility criteria based on the developmental testing, but the child fails the M-CHAT-R and M-CHAT-R/F and/or STAT, the evaluation team should use that information as support for the basis of the eligibility decision. Additional information/testing may also help support the decision if determined a need by the evaluation team.

For children between the ages of 30 and 36 months, the Screening Tool for Autism in Two-Year-Olds (STAT) may be administered when there is an available service provider who has successfully completed the reliability training and concerns are present related to communication, play, social skills, and behavior as well as when there is a sibling diagnosed with ASD.

Screening tools for autism such as the STAT identify whether or not a child is at-risk for Autism Spectrum Disorder, they are not diagnostic. Service Providers have a professional responsibility to inform the family when the results of the developmental evaluation and screening have raised concerns that are consistent with autism spectrum disorder. Service Providers should encourage the family to discuss the findings and concerns of the multidisciplinary team with their primary health care provider.

Intervention services are not contingent upon the child having a diagnosis of ASD. SoonerStart is not responsible for diagnostic services.

The results of the screening for ASD are documented on the **Multidisciplinary Evaluation and Child Assessment Team Summary (MECATS)** form in the *Other Screening* section when the screening is administered as part of the evaluation process. The family receives a copy of the MECATS. The service provider(s) document this activity in the service provider progress note for the visit as well as maintains the completed screening tool in the child's SoonerStart record. If the child is eligible for SoonerStart services, the results of the screening should also be included in the "Health" section under Present Levels of Development on the Individualized Family Service Plan (IFSP).

If the screening is administered outside of the evaluation process for a child currently receiving SoonerStart services, the service provider(s) records those screening results on the IFSP in the same location at the next IFSP review. The service provider documents the screening in the progress note for the visit as well as maintains the completed screening tool in the child's SoonerStart record.

A written statement of the results can also be provided to the family when the screening indicates a child is at-risk for Autism. The **Autism Spectrum Disorder (ASD) Screening Results Form (Appendix Y)** was developed for this purpose.

### **Intervention Services**

If a child has been determined eligible for SoonerStart services and demonstrates behaviors that indicate the child could be at-risk for Autism Spectrum Disorders, appropriate evidenced-based strategies should be implemented. One tool available to all SoonerStart team members, is the "Insights to Behavior/AutismPro" website ([www.insightstobehavior.com](http://www.insightstobehavior.com)) which will help guide team members in selection of appropriate evidenced-based strategies and activities. All children who present these behaviors, or who their team feels could benefit from this methodology, should be entered into this program for documentation of evidenced-based intervention strategies until they exit from the program, at which time their case should be archived. Webinar training for appropriate use of this website is available on a regular basis. For instructions on how to register to use this site and how to enter a child into this system, see the **AutismPro SoonerStart How To** document. **(Appendix II)** For technical assistance contact the Marty Newport at [mnewport@insightstobehavior.com](mailto:mnewport@insightstobehavior.com). SoonerStart providers have unlimited access to add children to this program.